

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000019452**

1. Entity Name

SOUTHEAST JET LEASING, INC.**FILED**
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90075 045 ***150.00

Principal Place of Business

Mailing Address

**2601 S.W. 14TH COURT
DEERFIELD BEACH FL 33442****2601 S.W. 14TH COURT
DEERFIELD BEACH FL 33442-6018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0733884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. JOHN, GREGORY
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BAUR, THOMAS E	2601 SW 14TH CT	DEERFIELD BCH FL 33442	<input type="checkbox"/>
VP	CHASE, C G	8491 NW 17TH ST #101	MIAMI FL 33126	<input type="checkbox"/>
S	ADORNO, HENRY	2601 S BAYSHORE DR #1600	MIAMI FL 33133	<input type="checkbox"/>
T	JOHNS, STEVEN L	8941 NW 17TH ST #101	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. BAUR**MAR 13 2000**

Date

Daytime Phone #

(954)-772-4696

CR2E034 (9/99)